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APPLICANTS

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** CONTINUING DATA *****
*None (HHS)*** FOREIGN APPLICATIONS *****
None (HHS)

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

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| Foreign Priority claimed | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY | SHEETS DRAWING | TOTAL CLAIMS | INDEPENDENT CLAIMS |
|---|---|---------------------|-------------------|-----------------|-----------------------|
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | AZ | 3 | 20 | 3 |
| Verified and Acknowledged <i>Jerry</i> Examiner's Signature | Initials | | | | |

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TITLE

Scaffold and access brace for same

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